

LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required to Complete This Page

1. Registrant Name ☒ Organization/Lobbying Firm ☐ Self Employed Individual

Quadripoint Strategies LLC

2. Address ☐ Check if different than previously reported

Address1 **6233 Radcliff Road**

Address2

City **Alexandria**

State

VA

Zip Code **22307**

Country **USA**

3. Principal place of business (if different than line 2)

City

State

Zip Code

Country

4a. Contact Name

b. Telephone Number

c. E-mail

5. Senate ID#

David Crane

☐ International Number

(202) 741-4665

dcrane@quadripoint.com

40002020-241

7. Client Name

☐ Self

☐ Check if client is a state or local government or instrumentality

6. House ID#

State Farm Insurance Company

397180005

TYPE OF REPORT

8. Year **2008**

Q1 (1/1 - 3/31) ☐

Q2 (4/1 - 6/30) ☒

Q3 (7/1-9/30) ☐

Q4 (10/1 - 12/31) ☐

9. Check if this filing amends a previously filed version of this report ☐

10. Check if this is a Termination Report ☐

Termination Date

11. No Lobbying Issue Activity ☐

INCOME OR EXPENSES - YOU MUST complete either Line 12 or Line 13

12. Lobbying

INCOME relating to lobbying activities for this reporting period was:

Less than \$5,000 ☐

\$5,000 or more ☒ \$ **6,250.00**

Provide a good faith estimate, rounded to the nearest \$10,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).

13. Organizations

EXPENSE relating to lobbying activities for this reporting period were:

Less than \$5,000 ☐

\$5,000 or more ☐ \$

14. REPORTING

Check box to indicate expense accounting method. See instructions for description of options.

☐ **Method A.** Reporting amounts using LDA definitions only

☐ **Method B.** Reporting amounts under section 6033(b)(8) of the Internal Revenue Code

☐ **Method C.** Reporting amounts under section 162(e) of the Internal Revenue Code

Signature

Filed Electronically

Date

07/31/2008

Printed Name and Title **David Crane, President**

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Add additional page(s) as needed.

15. General issue area code

INS

INSURANCE

(one per page)

16. Specific lobbying issues

OII, OFC

17. House(s) of Congress and Federal agencies ☐ Check if None

U.S. HOUSE OF REPRESENTATIVES, U.S. SENATE

18. Name of each individual who acted as a lobbyist in this issue area

First Name	Last Name	Suffix	Covered Official Position (if applicable)	New
David	Crane			<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

19. Interest of each foreign entity in the specific issues listed on line 16 above ☒ Check if None

Printed Name and Title David Crane, President